

GARDEN PEST CONTROL

[Business Name]
[Business Address]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____

Client Information:

[Name]
[Property Address]
[Contact Email]

Service/Treatment Description	Target Pest(s)	Area (sq ft)	Rate	Amount

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes / Pesticide Details:

Applied Products: _____

Re-entry Interval (REI): _____ hours. Payment is due within ____ days.